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ABSTRACT

Approximately 34 million people, or 13 percent of the population of the United States, are 65 or older. It is not just the increasing numbers that make it important for counselors to serve as advocates for older adults. Ageism, societal marginalization, vulnerability, and elder abuse are growing problems for this population. There is evidence that advocacy works. Mandatory retirement has been eliminated, giving those who wish to work after 65 that opportunity. Social Security now pays benefits not only to wives and widows, but also to divorced women who were married for ten or more years. While factors point to the need for counselors to advocate for the needs of older adults and their families, caution is raised against treating older adults merely as people who need to be served. Advocacy may mean helping older adults to advocate for themselves as well as intervening on their behalf. By definition, older adults are survivors, and as counselors and advocates it is important to help them identify and utilize the repertoire of coping skills they have developed over a lifetime. This paper discusses advocacy strategies including helping older adults to advocate for themselves; working with existing organizations; and advocating at the political level. A list of suggested resources provides contact information for professional associations as well as membership and advocacy organizations. Two suggested readings are also listed. (MKA)

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Chapter Eight

Advocating on Behalf of Older Adults

Jane Goodman & Elinor Waters

"Baby Boomers Turning 50"
"Can We Really Afford Social Security?"
"77 Year Old Returns to Space"

The popular press as well as professional journals bombard us with headlines like the above. Clearly, a major demographic trend in the United States today is the aging of the population.

Approximately 34 million people—13 percent of the population of the United States—are 65 or older. That number is expected to more than double to 70 million by 2030 when they will constitute 20 percent of the population. The older population is primarily female and the disparity increases with age. There are 145 women for every 100 men over 65, and 257 women for every 100 men over 85. It is the over 85 group which is the fastest growing segment of the U.S. population and a major reason we need to pay more attention to long-term care.

Our aging population necessitates some new ways of thinking about what it means to be old, and even what "old" is. According to the Department of Labor, older workers are those over 40. Individuals are invited to join the American Association of Retired Persons (AARP) at age 50, and are eligible for senior discounts at different ages. Traditionally, people 65 and over have been considered "old," and that has been the age at which Americans have been eligible for full social security benefits. But that, too, is changing.

Stereotypes abound. Some people think of older adults as being uneducated and impoverished, while others see them as "greedy geezers." The reality is that older adults are probably more varied than other age cohorts as they have had more years to develop their differences. They run the gamut from frisky to frail, from wealthy to poor, and from socially active to isolated.

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Many older adults have serious mental health problems, with depression being the most common. Estimates are that nearly 15 percent of community living older adults and at least 25 percent of nursing home residents suffer from depression. Other problems include anxiety disorders, substance abuse, and cognitive impairment. Unfortunately, many of these mental health needs are unmet. This stems, in part, from the reluctance of many in this age cohort to seek mental health assistance. We may need to encourage Mental Health Workers to provide more informal "consultation" or "by-the-way counseling" to people reluctant to seek formal mental health services. Other factors include: the scarcity of both community-based preventive programs and institutionally based treatment programs; the fact that health insurance plans typically give short shrift to mental health benefits; and the lack of coordination between the aging network, the mental health network, and the primary care delivery system.

Why Advocacy?

It is not just the increasing numbers that make it important for us to serve as advocates for this group. All of us are in some way connected to older adults. We may be older ourselves. If not, we certainly hope to acquire that status! Ageism may be one form of discrimination that all of us who live long enough may encounter. Older adults, particularly women, are often marginalized by society, sometimes patronized, and other times ignored. Many are vulnerable as they are unschooled in dealing with bureaucracies, or inhibited by authorities. Elder abuse is a growing problem, often triggered when families are stressed beyond their coping capacities.

On the positive side there is evidence that advocacy works. Mandatory retirement has been eliminated, giving those who wish to work after 65 that opportunity. And Social Security now pays benefits not only to wives and widows, but also to divorced women who were married for 10 or more years.

While all these factors point to the need for counselors to advocate for the needs of older adults and their families, we want to caution against treating older adults merely as people to be served. Advocacy may mean helping older adults advocate for themselves as well as intervening for them. By definition, older adults are survivors, and one of our jobs as counselors and advocates is to help them identify and utilize the repertoire of coping skills they have developed over a lifetime.

Advocacy strategies:

To advocate for older adults, we first need first to be knowledgeable about the needs and concerns of this population and familiar with the aging network which encompasses the array of services for older adults. For example, we should know how to contact the Eldercare Locator, a national organization that describes itself as "A way to find community assistance for seniors." (Contact information for all of the groups mentioned are at the end of the article.) It is also important to have contacts with the Area Agency on Aging or local service providers who can effectively direct older adults or family members through the maze of services.

We have divided advocacy strategies into four areas. First, we need to teach clients advocacy skills and attitudes so that they can advocate for themselves. Second, we need to work with existing organizations at the national, state, and local levels. Third, we need to advocate at the political level, with local, state, and national legislatures and other governmental bodies. And fourth, we often need to advocate for recognition of the special needs of the elderly with institutions that serve the general population.

Help older adults to advocate for themselves

It is important that we not belittle older adults by assuming that we must "take care of" them. An important role for us may be to help older adults learn advocacy strategies, including appropriately assertive behaviors. Age cohort issues may arise here as many of today's older adults are part of a tradition of independence. Often this includes a "don't make waves" approach.

Previous generations often saw needing assistance beyond the family as a sign of weakness or vulnerability. Different cultures have different terms for this idea of protecting privacy. "Don't air your dirty linen in public" is a common one. Among Jewish families the statement "It's a shonda for the goyim" expressed the idea that it would bring shame if a Jew ever let "outsiders" know about their unmet needs. Other families express their pride in independence with such statements as "I kept food on the table during the Depression; my family was never hungry."

Helping older adults with these kinds of traditions understand their entitlements can be an important role for helpers/advocates. As today's younger people age, these kinds of issues may disappear. But we suspect that the strong independence value fostered in American culture will continue to influence many people and make it harder for them when some sort of dependence becomes

necessary. Abused elders may need special assistance as they may not be aware of their rights and/or may be afraid to ask for help because they perceive themselves as dependent on their abusers.

Assisting older adults advocate for themselves can take many forms. Coaching or role playing may help individuals (caregivers as well as older adults themselves) ask for what they need from health care providers, public and private bureaucracies or other organizations. Assertiveness training may help groups of older adults develop needed skills. For example, the center at which we both worked offered a class called "Growing Older Bolder." Groups of older adults can also be taught, or reminded to use, political advocacy and community organizing skills. Remember that many trade unions, and important advocacy groups were started by people who are today "older adults."

Work with existing organizations

Here are several suggestions for contacting and working with other organizations.

- Counselor advocates should contact the aging network in their community or state for information on available services. Federal funding for services for older adults is funneled through state offices of aging and regional area agencies on aging, known as AAA's. In planning distribution of these funds, AAA's hold annual hearings which represent an excellent opportunity to advocate for those services your clients most need. Such contacts also present an opportunity to advocate for licensing for facilities that serve older adults, and for standards of staff training and performance.
- One important entry point for counselor advocates is to locate coalitions of mental health and aging organizations at the national, state, and local level. The National Coalition on Mental Health and Aging includes representatives of:
    1) Professional associations, such as ACA, NASW, APA, ASA (The American Society on Aging) and NCOA (the National Council on Aging);
    2) Government organizations, such as the Administration on Aging, the National Association of State Units on Aging, the National Association of Area Agencies on Aging, and the National Institute of Mental Health;
    3) Aging organizations, such as AARP, the National

Council of Senior Citizens, and the National Caucus and Center on Black Aged.

Many states have similar coalitions that can be contacted through the state department of aging and/or mental health department. At the local level it may be easiest to contact the Area Agency on Aging.

- Locate, recommend, and publicize innovative services. Two examples follow:
  1) In some communities the Eden Alternative represents an approach to long term care designed to make facilities more like homes and less like institutions. Nursing homes that adapt this approach bring pets and plants into the facility, and give residents responsibility for their care. Young children are typically brought in to engage in joint activities with residents.
  2) Other communities are experimenting with providing mental health services in physical health care settings. Such an approach is designed to address the reluctance of many older adults to seek traditional mental health services. To evaluate this approach, the U.S. Substance Abuse and Mental Health Services has provided a number of grants to assess the effectiveness of this kind of integrated model of treatment in the primary care setting itself.
- In addition to working through professional contacts we recommend that advocates work with organizations which represent older adults. For example:
  1) AARP is one of the largest membership organizations in this country, with an active corps of volunteers, newsletters, and magazines which reflect the interests of members, and a staff which lobbies on behalf of those members. Both the Washington office and regional offices will supply information and contacts.
  2) A much smaller organization, the Older Women's League (OWL), has a platform which calls for: a national universal health care system, economic security including social security and pensions, full access to appropriate housing and housing alternatives, ending violence against women and the elderly, staying in control through all of life,

and combating discrimination in the work place. OWL has a Washington office and local chapters throughout the country. Its current president, Betty Lee Ongley from Michigan, is a good example of a retired counselor serving as an advocate.

Advocate at the Political Level

Political advocacy takes many forms. As individuals, we can monitor proposed legislation at the national and state level which would affect benefits and services for older adults and let our views be known. For example, the news media is currently full of ideas for revamping social security programs, often with a view toward privatization. Counselors need to be aware that such proposals may negate the safety net provided by Social Security, particularly for women. Twice as many women as men rely on Social Security for at least 90% of their income. Women of color are even more likely to live in poverty than are white women.

Another much discussed issue of extreme importance to older adults concerns financing of health care. When HMOs decide they can not afford to serve older adults, a crisis is at hand which necessitates broad based advocacy. Medicare and Medicaid only partially fill this gap.

To maximize our impact it is important to work with some of the groups that already do political advocacy. We have already mentioned one very large group, AARP, and one small group, OWL. Both have lobbyists in Washington and chapters in local areas. Our own ACA, and in particular one of its divisions, (AADA) the Association for Adult Development and Aging, address issues of older adults when they intersect with the with the needs of counselors or the services counselors can provide. Working with such organizations is crucial to successful political advocacy. It is one way to work to include age in all non-discriminatory statements.

Miscellaneous Client Advocacy

As we consider how life can be improved for many older adults, it is important to think broadly about the many entities with which they interact. Service locations from grocery stores to department stores, libraries to senior centers, and social security offices to doctor's offices, need to be aware of, and responsive to,

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normal age related sensory losses. Such responsiveness should involve making sure that printed material is easy to read, that auditory distractions are minimized, and that chairs are firm and easy to get in and out of.

An important role for counselors/advocates might be to encourage managers at all kinds of facilities to ask their older consumers what would make their services more hospitable. We might hear about needs for better lighting, wider aisles to accommodate wheel chairs, or programs held during daylight hours and accessible by good public transportation. Many older adults enjoy attending classes and artistic performances. Some may need reduced tuition or admission fees.

Possibly a major way we can be better advocates is to picture ourselves as older adults and consider what would make our lives less complicated and more fulfilling. What could we do for ourselves with the assistance of groups of various kinds? The challenge for us then is to determine how can we make that happen for the adults whom we serve. It is our hope that the information in this piece will make it easier for you to enter into advocacy roles.

Suggested Resources:

Professional Associations:
ASA (The American Society on Aging)
833 Market Street, Suite 511, San Francisco, CA 94103.
Phone: (415) 974-9600
Web site: asaging.org
(This organization includes a Mental Health and Aging Network)

NCOA (National Council on Aging)
409 Third Street, SW
Washington, DC 20024
Phone: (202) 479-1200

Membership and Advocacy Organizations:
AARP (The American Association of Retired Persons)
601 E Street, NW Washington, D.C. 20049
Phone: (202) 434-2277
Web site: www.aarp.org

Bazelon Center for Mental Health Law
(This group is helping older consumers of mental health

services form a new advocacy organization.)
1101 15th St, NW-Suite 1212
Washington, DC 20005
(202) 467-5730
www:bazelon.org

Gray Panthers
3635 Chestnut Street
Philadelphia, PA 19104

National Caucus and Center on Black Aged
1424 K Street, NW
Washington, DC
(202) 637-8400

OWL (Older Women's League)
666 11th Street, NW, Suite 700
Washington, DC 20001
(202) 783-6686 or 1-800-0825-3695

Recommended Reading

The AARP Guide to Internet Resources Related to Aging. Available from AARP (mailing address above) or through www.aarp.org/cyber/guide1.htm

A comprehensive listing of websites divided into such categories as world wide web, government and government related, health related, housing and living arrangements, income-related, law-related, leisure activities, and social services. Also includes listings for listservs, usenet newsgroups, newsletters, and electronic magazines related to aging.

Wacker, R.R., Roberto, K.A., & Piper, L.E. (1998) *Community Resources for Older Adults: Programs and Services in an Era of Change.* Thousand Oaks, CA: Pine Forge Press

A useful overview of the legislative basis for programs, services, and benefits for older adults. Chapters on various services (e.g. information and referral, senior centers and recreation, respite services, and nursing homes) contain descriptions of services, examples of best practices, case studies, national organizations,

and Internet resources for each topic area.

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